



U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER 010-060	2. PERIOD COVERED MO DAY YEAR From 07 01 1999 Through 06 30 2000	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: X (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.			8. MAILING ADDRESS (Type or print in capital letters.) First Name RON Last Name HARSIN P.O. Box • Building and Room Number (if any) 62827 BOOTH LANE Number and Street City LA GRANDE State ZIP Code + 4 OR 97850-	
4. AFFILIATION OR ORGANIZATION NAME CARPENTERS AFL-CIO				
5. DESIGNATION (Local, Lodge, etc.) LU 02851		6. DESIGNATION NUMBER		
7. UNIT NAME (if any) LOCAL UNION # 2851				
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes X No				

56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number	
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Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

57. SIGNED: <u>Mike Moran</u> <u>10/14/01</u> <u>(541) 963-5749</u> Date Telephone Number	PRESIDENT (If other title, see instructions.)	58. SIGNED: <u>Sherry McNeil</u> <u>10/14/01</u> <u>(541) 963-3768</u> Date Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions?

Yes No

X

11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?

X

12. Have a political action committee (PAC) fund?

X

13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?

X

14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?

X

15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.)

X

16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?

X

17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?

X

18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?

X

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period?

310

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization?

\$

17500

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes No

X

22. What is the date of your organization's next regular election of officers?

MO

YEAR

08 2001

23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees

(a) Regular Dues/Fees \$ 36 per MONTH
(Month, Year, etc.)

(b) Initiation Fees \$ 200

(c) Transfer Fees \$ 0

(d) Work Permits \$ 0 per MONTH
(Month, Year, etc.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 008-338

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*			
1. <small>Last Name</small> ALEXANDER <small>First Name</small> DOUG <small>Title</small> COMMITTEE <small>Status</small> C		1335	0	1335
2. <small>Last Name</small> BETLACH <small>First Name</small> ROBERT <small>Title</small> COMMITTEE <small>Status</small> P		1935	0	1935
3. <small>Last Name</small> BINGHAM <small>First Name</small> SCOTT <small>Title</small> COMMITTEE <small>Status</small> C		2016	0	2016
4. <small>Last Name</small> BURKE <small>First Name</small> NORMAN <small>Title</small> VICE-PRESIDENT <small>Status</small> C		4002	0	4002
5. <small>Last Name</small> CANTRALL <small>First Name</small> CALVIN <small>Title</small> TRUSTEE <small>Status</small> C		738	0	738
6. <small>Last Name</small> GORHAM <small>First Name</small> MERRILL <small>Title</small> CONDUCTOR <small>Status</small> C		1156	0	1156
7. <small>Last Name</small> HALSEY <small>First Name</small> WILLIAM <small>Title</small> COMMITTEE <small>Status</small> C		1327	0	1327
8. Totals from additional pages (if any)		26978	0	26978
9. Totals of Lines 1 through 8		39487	0	39487
		10. Less Deductions		
Enter the Total from Line 11 in Item 45 ⇒		11. Net Disbursements 39487		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

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STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash	59142	51697	32. Accounts Payable	0	0
	26. Loans Receivable	0	0	33. Loans Payable	0	0
	27. U.S. Treasury Securities	0	0	34. Mortgages Payable	0	0
	28. Investments	0	0	35. Other Liabilities	541	2212
	29. Fixed Assets	73028	67987	36. TOTAL LIABILITIES	541	2212
	30. Other Assets	0	0			
	31. TOTAL ASSETS	132170	119684	37. NET ASSETS (Item 31 less Item 36)	131629	117472

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	138822	45. To Officers (from Item 24)	39487
	39. Per Capita Tax	0	46. To Employees (less deductions)	0
	40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	78287
	41. Interest & Dividends	1424	48. Office & Administrative Expense	17340
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	430
	43. Other Receipts	3451	50. Benefits	0
	44. TOTAL RECEIPTS	143697	51. Contributions, Gifts & Grants	0
	<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>		52. Purchase of Investments & Fixed Assets	0
			53. Loans Made	0
			54. Other Disbursements	15598
			55. TOTAL DISBURSEMENTS	151142

ORGANIZATION NAME: **CARPENTERS AFL-CIO / LOCAL UNION #2851**

ENDING DATE OF PERIOD COVERED: **06/30/2000**

FILE NUMBER: **008-338**

PAGE **1** OF **2** ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)			
Last Name HARSIN First Name RON Title FIN SECRETARY Status N		3538	0	3538
Last Name HICKEY First Name JIMMIE Title COMMITTEE Status C		50	0	50
Last Name JOHNSON First Name HARLAN Title COMMITTEE Status C		1948	0	1948
Last Name LAMBERT First Name GUY Title TRUSTEE Status C		1658	0	1658
Last Name MCNEIL First Name SHERRY Title TREASURER Status C		1460	0	1460
Last Name MOORHEAD First Name DWAYNE Title COMMITTEE Status C		3205	0	3205
Last Name MORAN First Name MICHAEL Title PRESIDENT Status C		5079	0	5079
Last Name NEUSTEL First Name TERRY Title COMMITTEE Status C		1423	0	1423
Totals				

ORGANIZATION NAME: **CARPENTERS AFL-CIO/LOCAL UNION #2851**

ENDING DATE OF PERIOD COVERED: **6/30/2000**

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PAGE **2** OF **2** ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)			
Last Name PAYNE Title COMMITTEE	First Name MICHAEL Status C	870	0	870
Last Name ROPER Title COMMITTEE	First Name RAMONA Status P	1258	0	1258
Last Name SMITH Title WARDEN	First Name DAVID Status C	1289	0	1289
Last Name ZEMKE Title REC SECRETARY	First Name JERRY Status C	4923	0	4923
Last Name GORHAM Title COMMITTEE	First Name TODD Status C	277		277
Last Name Title	First Name Status			
Last Name Title	First Name Status			
Last Name Title	First Name Status			
Totals				